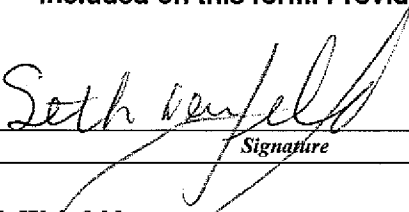


|  |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
|--|--|--|---|-------------------------------|---------------------------------|--|--|--|-----------------|--|---|--|---|--|
| <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>   |  |  |   |                               | Docket No.<br><b>17406</b>      |  |  |  |                 |  |   |  |   |  |
| Applicant(s): <b>Akio Uchiyama</b>   |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| Application No.<br><b>10/766,581</b>   | Filing Date<br><b>January 27, 2004</b> | Examiner<br><b>Kasztejna, Matthew John</b> | Customer No.<br><b>23389</b>  | Group Art Unit<br><b>3739</b> | Confirmation No.<br><b>3837</b> |  |  |  |                 |  |   |  |   |  |
| Invention: <b>CAPSULE MEDICAL DEVICE</b>   |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| <b><u>COMMISSIONER FOR PATENTS:</u></b>  |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| Transmitted herewith is an amendment in the above-identified application.  |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| The fee has been calculated and is transmitted as shown below.   |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| <b>CLAIMS AS AMENDED</b>   |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
|  | CLAIMS REMAINING<br>AFTER AMENDMENT    | HIGHEST #<br>PREV. PAID FOR                | NUMBER EXTRA<br>CLAIMS PRESENT  | RATE                          | ADDITIONAL<br>FEE               |  |  |  |                 |  |   |  |   |  |
| TOTAL CLAIMS   | 9    -                                 | 27    =                                    | 0   | x    \$50.00                  | \$0.00                          |  |  |  |                 |  |   |  |   |  |
| INDEP. CLAIMS  | 1    -                                 | 5    =                                     | 0   | x    \$200.00                 | \$0.00                          |  |  |  |                 |  |   |  |   |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |  |  |   |                               | \$0.00                          |  |  |  |                 |  |   |  |   |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>   |  |  |   |                               | <b>\$0.00</b>                   |  |  |  |                 |  |   |  |   |  |
| <input checked="" type="checkbox"/> No additional fee is required for amendment.<br><input type="checkbox"/> Please charge Deposit Account No. <b>19-1013 SSMP</b> in the amount of<br><input type="checkbox"/> A check in the amount of                      to cover the filing fee is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b><br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038. |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| <br>_____<br><i>Signature</i>   |  |  | Dated: <b>October 25, 2007</b>  |                               |                                 |  |  |  |                 |  |   |  |   |  |
| <b>Seth Weinfeld</b><br><b>Registration No. 50,929</b>   |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="width: 50%; text-align: center;">_____<br/>(Date)</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____<br/>Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____<br/>Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table> |                               |                                 |  | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on |  | _____<br>(Date) |  | _____<br>Signature of Person Mailing Correspondence |  | _____<br>Typed or Printed Name of Person Mailing Correspondence |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on   |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| _____<br>(Date)  |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| _____<br>Signature of Person Mailing Correspondence  |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| _____<br>Typed or Printed Name of Person Mailing Correspondence  |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |
| cc:  |  |  |   |                               |                                 |  |  |  |                 |  |   |  |   |  |